

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

MICHAEL E. DEERING

Plaintiff(s),

v.

GALENA BIOPHARMA, INC., et al.

Defendant(s).

Civil Case No. 3:14-cv-367-HU

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Attorney Brian O. O'Mara requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) **PERSONAL DATA:**

Name: O'Mara, Brian O.

(Last Name)

(First Name)

(MI)

(Suffix)

Firm or Business Affiliation: Robbins Geller Rudman & Dowd LLP

Mailing Address: 655 W. Broadway, Suite 1900

City: San Diego State: CA Zip: 92101

Phone Number: (619) 231-1058 Fax Number: (619) 231-7423

Business E-mail Address: BOMara@rgrdlaw.com

(2) BAR ADMISSIONS INFORMATION:

(a) State bar admission(s), date(s) of admission, and bar ID number(s):
California, 12/23/03, Bar ID 229737; Nevada, 10/11/02, Bar
ID 8214; District of Columbia, 8/9/10, Bar ID 996144

(b) Other federal court admission(s), date(s) of admission, and bar ID number(s):
S.D. Cal. 1/20/04; N.D. Cal. 2/9/04; C.D. Cal. 1/29/04;
E.D. Cal. 7/23/04; D. Colo. 2/17/09; D. Nev. 10/11/02;
E.D. Wis. 11/15/05; N.D. Ill. 3/25/13; 9th Cir. 7/26/04

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:
Plaintiff Michael E. Deering

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 3rd day of April, 2014



(Signature of Pro Hac Counsel)

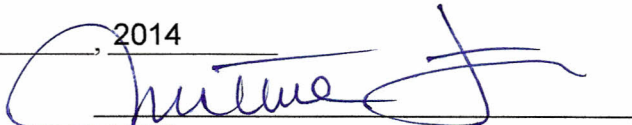
Brian O. O'Mara

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 3rd day of April, 2014



(Signature of Local Counsel)

Name: Fischer, Justine

(Last Name)

(First Name)

(MI)

(Suffix)

Oregon State Bar Number: 812241

Firm or Business Affiliation: Justine Fischer, Attorney at Law

Mailing Address: 710 S.W. Madison Street, Suite 400

City: Portland State: OR Zip: 97205

Phone Number: (503) 222-4326 Business E-mail Address: jfattyor@aol.com

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

 Judge